

DEC 11 2007

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MS Amendment USPTO	(571) 273-8300	(571) 272-2309

FROM: Christopher B. Eide**DATE:** December 11, 2007

Number of pages with cover page:	37	
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Preparer of this slip has confirmed that facsimile number given is correct: 6823/my11**Comments:**

Attorney Docket No.:	495812004700
Group Art Unit:	2872
Examiner:	A. Chang
Serial No.:	10/658,055
Filing Date:	September 8, 2003
Inventors:	Kevin R. CURTIS et al.
Title:	METHODS FOR IMPLEMENTING PAGE BASED HOLOGRAPHIC ROM RECORDING AND READING

Document attached:

- Transmittal Form (1 page)
- Fee Transmittal (original + copy for fee processing (2 pages))
- Amendment (15 pages)
- Supplemental Information Disclosure Statement (3 pages)
- Form PTO/SB/08a/b (original + copy (2 pages))
- 1 Reference (13 pages)

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PTO/SB/21 (11-07)

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TRANSMITTAL FORM		Application Number 10/658,055
		Filing Date September 8, 2003
		First Named Inventor Kevin R. CURTIS
		Art Unit 2872
		Examiner Name A. Chang
Total Number of Pages in This Submission 23 pages + 1 reference		Attorney Docket Number 495812004700

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form (original + copy for fee processing (2 pages))	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply (15 pages)	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <ul style="list-style-type: none"> • Form PTO/SB/08a/b (original + copy (2 pages)) • 1 Reference
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input checked="" type="checkbox"/> Information Disclosure Statement (Supplemental) (3 pages)	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application		Remarks
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	MORRISON & FOERSTER LLP (Customer No.: 25226)		
Signature			
Printed name	Christopher B. Eide		
Date	December 11, 2007	Reg. No.	48,375

I hereby certify that this paper is being transmitted by facsimile to the Patent and Trademark Office, facsimile no. (571) 273-8300, on the date shown below.

Dated: December 11, 2007

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PTO/SB/17 (10-07)

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
Fee TRANSMITTAL For FY 2008		Application Number	10/658,055
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	September 8, 2003
		First Named Inventor	Kevin R. CURTIS
		Examiner Name	A. Chang
		Art Unit	2872
TOTAL AMOUNT OF PAYMENT	(\$ 180.00)	Attorney Docket No.	495812004700

METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
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For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
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<input type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17		<input type="checkbox"/> Credit any overpayments		

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES	
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)
Utility	310	155	510	255	210	105
Design	210	105	100	50	130	65
Plant	210	105	310	155	160	80
Reissue	310	155	510	255	620	310
Provisional	210	105	0	0	0	0

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Small Entity Fee (\$)	Small Entity Fee (\$)
40	- 120 = 0	x 50.00	= 0.00	50	25
HP = highest number of total claims paid for, if greater than 20.					
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Fee (\$)	Fee Paid (\$)
3	- 10 = 0	x 210.00	= 0.00	370.00	0.00

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/50 =	(round up to a whole number) x	260.00	= 0.00

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement 180.00

SUBMITTED BY					
Signature			Registration No. (Attorney/Agent)	48,375	Telephone (650) 813-5720
Name (Print/Type)	Christopher B. Eide		Date	December 11, 2007	

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL
For FY 2008** Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT: (\$). 180.00

Complete if Known

Application Number	10/658,055
Filing Date	September 8, 2003
First Named Inventor	Kevin R. CURTIS
Examiner Name	A. Chang
Art Unit	2872
Attorney Docket No.	495812004700

METHOD OF PAYMENT (check all that apply)

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<input checked="" type="checkbox"/> Deposit Account		Deposit Account Number: 03-1952		Deposit Account Name: Morrison & Foerster LLP
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<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments		

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fees Paid (\$)
Utility	310	155	510	255	210	105	0.00
Design	210	105	100	50	130	65	0.00
Plant	210	105	310	155	160	80	0.00
Reissue	310	155	510	255	620	310	0.00
Provisional	210	105	0	0	0	0	0.00

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims:

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Small Entity	Fee (\$)	Fee (\$)
40	20	0	x 50.00 = 0.00		50	25
HP = highest number of total claims paid for, if greater than 20.					210	105
					370	185
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
3	0	x 210.00 = 0.00			370.00	0.00

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
100 = 0	/50 = 0	(round up to a whole number) x 260.00 = 0.00	260.00	0.00

4. OTHER FEE(S)

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Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement 180.00

SUBMITTED BY		Registration No. (Attorney/Agent)	Telephone
Signature		48,375	(650) 813-5720
Name (Print/Type)	Christopher B. Eide	Date	December 11, 2007

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